

# POST OFFICE TO ADDRESSEE



\*EL47703772BUS\*

EL47703772BUS

SEE REVERSE SIDE FOR  
SERVICE GUARANTEE AND LIMITS  
ON INSURANCE COVERAGE

Customer Copy  
Label 11-F July 1997

ORIGIN (POSTAL USE ONLY)			
PO ZIP Code <b>10017</b>	Day of Delivery <input checked="" type="checkbox"/> Next <input checked="" type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>	
Date In <b>6/18/02</b>	<input checked="" type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage <b>\$ 51.30</b>	
Time In <b>11:48</b>	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee	
Weight <b>2.11</b> lbs.	Int'l Alpha Country Code	COD Fee	Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials <b>LJ</b>	Total Postage & Fees <b>\$ 51.30</b>	

CUSTOMER USE ONLY	
METHOD OF PAYMENT: Express Mail Corporate Acct. No.	<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent if delivery employee judges that article can be left in secure location and I authorize that delivery employee's signature constitutes valid proof of delivery.
Federal Agency Acct. No. or Postal Service Acct. No.	NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday

FROM: (PLEASE PRINT) PHONE ( )

**PENNIE & EDMONDS LLP**  
**1155 AVENUE OF THE AMERICAS**  
**17TH FL**  
**NEW YORK**  
**NY 10036-2711**

**7853-211**

TO: (PLEASE PRINT) PHONE ( )

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